
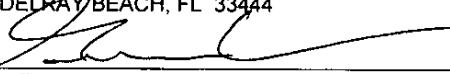
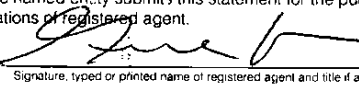
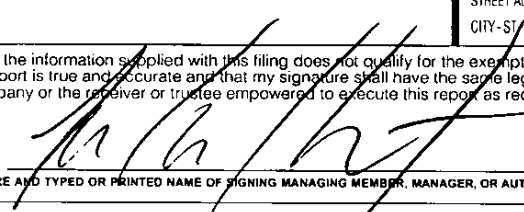


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90063 043 ****50.00

DOCUMENT # L04000052036					
1. Entity Name 1470 DIXIE, LLC					
Principal Place of Business 3700 S. OCEAN BLVD., APT. #210B HIGHLAND BEACH, FL 33487			Mailing Address % KRONICK PO BOX 812074 BOCA RATON, LF 33481		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1449474	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEINER & ARONSON, P.A. % JASON S. MANKOFF 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444 			Name GENE KRONICK		
			Street Address (P.O. Box Number is Not Acceptable)		
			3700 SOUTH OCEAN BLVD. -- APT 210B		
			City HIGHLAND BLVD. FL 33487		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE 1/10/2006		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRONICK, GENE 3700 S. OCEAN BLVD., APT. #210B HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, MICHAEL 29 BROADWAY NEW YORK, NY 10006	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date 1/12/06 Daytime Phone # 561-376-4485		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

40003745



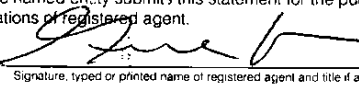
01122006 Chg-LLC CR2E083 (11/05)

Applied For
Not Applicable

20-1449474

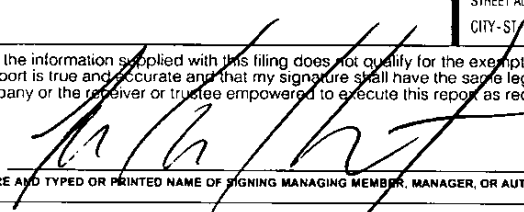
5. Certificate of Status Desired \$5.00 Additional Fee Required

Name **GENE KRONICK**
Street Address (P.O. Box Number is Not Acceptable)
3700 SOUTH OCEAN BLVD. -- APT 210B
City **HIGHLAND BLVD.** FL **33487**

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SIGNATURE  DATE **1/10/2006**

Filing Fee is \$50.00 Due by May 1, 2006
Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRONICK, GENE 3700 S. OCEAN BLVD., APT. #210B HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, MICHAEL 29 BROADWAY NEW YORK, NY 10006	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:  Date **1/12/06** Daytime Phone # **561-376-4485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE